

Virginia Department of Social Services
Medicaid Fact Sheet #12
SPECIAL LOW-INCOME MEDICARE BENEFICIARY

The following information is given as a guideline only. In order to determine Medicaid eligibility, an application must be filed with the local department of social services in the area in which you live.

The Special Low-Income Medicare Beneficiary (SLMB) program could help you if you have Medicare Part A and have income too high to be eligible for full Medicaid or limited coverage as a Qualified Medicare Beneficiary (QMB). (See Medicaid Fact Sheet #11 for an explanation of the QMB program.) If you qualify for the SLMB program, Medicaid will pay your Medicare Part B premium. This means you could save the amount of the Part B premium, which is \$66.60 a month for 2004.

Generally, to qualify for the SLMB program you must:

- be entitled to Medicare Part A.
- have countable income between 100% and 120% of the federal poverty guidelines for 2004. Income includes Social Security benefits, pensions, wages, interest, dividends, etc. Your countable income must be more than \$776 per month for one person, but not more than \$931. If you are married and your spouse's income is counted, the limit is more than \$1,041 but not more than \$1,249 per month. If your income is higher, you may be eligible for other limited coverage under Medicaid.
- have countable resources of not more than \$4,000 for one person or \$6,000 for a couple. Resources are things such as bank accounts (checking, savings, certificates of deposit, Christmas club, etc.) stocks, bonds, cash value of some life insurance policies, property that does not adjoin your home, etc. Your home and adjoining property, one automobile, burial plots, home furnishings, property in which you only have a life interest, and personal jewelry are not counted as resources.

If you are eligible for this program, Medicaid will only pay for the Medicare Part B premium and you will not receive a Medicaid card. You must still pay for other Medicare coinsurance and deductibles and for prescriptions.

If you think you might be eligible for this program, you should file an application for Medicaid at your local department of social services. You do not need to visit the office to file an application. You can request that an application be mailed to you so that you can complete it and mail it back to the local department of social services. If you have questions or need assistance in completing your Medicaid application, contact an eligibility worker at your local department of social services.

MEDICAID FACT SHEET #12 SPECIAL LOW-INCOME MEDICARE BENEFICIARY

FORM NUMBER - 032-03-840/19

PURPOSE OF FORM - The local agency workers may distribute this form to provide customers with basic policy information regarding this limited coverage.

NUMBER OF COPIES - One

DISPOSITION OF FORM - One per inquirer.

INSTRUCTIONS FOR PREPARATION OF FORM - The form does not require the addition of any information by the eligibility worker.